



Receipt #5

PATENT 19603/3306 (CRF D-2136B) 005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Collmer et al.

Serial No : 09/597,513

Filed : June 20, 2000

For : HYPERSENSITIVE RESPONSE  
ELICITOR FROM *PSEUDOMONAS*  
*SYRINGAE* AND ITS USE

Examiner:  
Unknown

Art Unit:  
1638

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SEP 22 2000

TECH CENTER 1600/2900

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

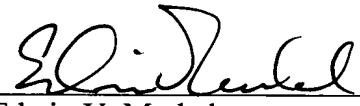
Dear Sir:

Applicants hereby request a corrected filing receipt for the above-identified application. On the enclosed copy of the official filing receipt, the applicant data for the second inventor reads "Amy Charkowski, Ithaca, NY" but should read "Amy Charkowski, Oakland, CA". A copy of the signed combined declaration and power of attorney as filed is enclosed herewith.

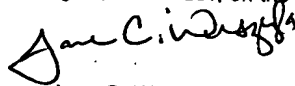
Since Applicants are not responsible for this error, no fee is enclosed.

Respectfully submitted,

Dated: August 31, 2000

  
Edwin V. Merkel  
Registration No. 40,087

Nixon Peabody LLP  
Clinton Square, P.O. Box 31051  
Rochester, New York 14603-1051  
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Certificate of Mailing - 37 CFR 1.8(a)	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on the date below.	
8/31/00 Date	 Jane C. Wirszyla

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## FILING RECEIPT



\*OC00000005332258\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARK OFFICE  
Washington, D.C. 20231

TELEPHONE 1600/2900

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/597,513	06/20/2000	1638	516	19603/3306 (CRF D-2136B)	5	39	2

Michael L Goldman  
Nixon Peabody LLP  
Clinton Square PO Box 31051  
Rochester, NY 14603

Date Mailed: 08/17/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

## Applicant(s)

Alan Collmer, Ithaca, NY ;  
Amy Charkowski, ~~Ithaca, NY~~ **Oakland, CA** ;  
James R. Alfano, Simi Valley, CA ;

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A DIV OF 09/120,817 07/22/1998  
WHICH CLAIMS BENEFIT OF 60/055,107 08/06/1997

## Foreign Applications

\*\* SMALL ENTITY \*\*

## Title

Hypersensitive response elicitor from pseudomonas syringae and its use

## Preliminary Class

800

ENTERED  
Nixon Peabody LLP

AUG 23 2000

FILE 19603/3306  
DKT JB

Data entry by : BRITTON, PAULA

Team : OIPE

Date: 08/17/2000



**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

The applicant has been granted a license under 35 U.S.C. 184, if the phrase "IF REQUIRED, FOREIGN FILING LICENSE GRANTED" followed by a date appears on this form. Such licenses are issued in all applications where the conditions for issuance of a license have been met, regardless of whether or not a license may be required as set forth in 37 CFR 5.15. The scope and limitations of this license are set forth in 37 CFR 5.15(a) unless an earlier license has been issued under 37 CFR 5.15(b). The license is subject to revocation upon written notification. The date indicated is the effective date of the license, unless an earlier license of similar scope has been granted under 37 CFR 5.13 or 5.14.

This license is to be retained by the licensee and may be used at any time on or after the effective date thereof unless it is revoked. This license is automatically transferred to any related applications(s) filed under 36 CFR 1.53(d). This license is not retroactive.

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**PLEASE NOTE the following information about the Filing Receipt:**

- The articles such as "a," "an" and "the" are not included as the first words in the title of an application. They are considered to be unnecessary to the understanding of the title.
- The words "new," "improved," "improvements in" or "relating to" are not included as first words in the title of an application because a patent application, by nature, is a new idea or improvement.
- The title may be truncated if it consists of more than 600 characters (letters and spaces combined).
- The docket number allows a maximum of 25 characters.
- If your application was submitted under 37 CFR 1.10, your filing date should be the "date in" found on the Express Mail label. If there is a discrepancy, you should submit a request for a corrected Filing Receipt along with a copy of the Express Mail label showing the "date in."

Any corrections that may need to be done to your Filing Receipt should be directed to:

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, DC 20231

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below)  
or an original, first and joint inventor (if plural names are listed below)  
of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**HYPERSENSITIVE RESPONSE ELICITOR FROM *PSEUDOMONAS SYRINGAE* AND ITS USE**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as U.S. Patent Application Serial No. 09/120,817  
on **July 22, 1998**  
and was amended on \_\_\_\_\_ (if applicable).
- ☐ was filed as PCT International Application Number \_\_\_\_\_  
on \_\_\_\_\_  
and was amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/055,107	06-AUG-1997	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO



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I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS

STATUS (Check One)

U.S. APPLICATION NUMBER

U.S. FILING DATE

PATENTED

PENDING

ABANDON  
ED

PCT APPLICATIONS DESIGNATING THE U.S.

PCT  
APPLICATION NO.

PCT  
FILING DATE

U.S. SERIAL NUMBERS  
ASSIGNED (if any)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727, Karla M. Weyand, Registration No. 40,223; Peter Rogalskyj, Registration No. 38,601

Send Correspondence to: Michael L. Goldman  
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Michael L. Goldman  
(716) 263-1304

201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

DATE

DATE

DATE